| Effective October 1, 2000 013495 0015 | | | | | | | | | |
|--|--------------------|-------------------------------------|------------------|----|--|------------------------|----|---------------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2) | | | | | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | | |
| TOTAL CLÁIMS 70 | | | | | RATE | FEE | | RATE | FEE |
| FOR NUMBER FILED | | NUMBER EXTRA | | 8 | ASIC FEE | 355.00 | OR | ASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS 20 minus 20 | | . Ø | | | X\$ 9= | _ | OR | X\$18= | |
| INDEPENDENT CLAIMS \text{\$\psi\$ minus 3:} | | | | Γ | X40= | \$ | OR | X80= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | Γ | +135= | _ | OR | +270= | |
| * If the difference in column 1 is less than zero, enter "O" in column 2 | | | | | TOTAL | 375 | OR | TOTAL | |
| 3-22-05 (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY | | | | | | | | | |
| CLAIMS REMAINING | HIG NUI PREV | LEST . | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AFTER AMENDMENT Total Independent AFTER AMENDMENT Total Independent | Minus -2 | 0 | 0, | I | X\$ 9= | | OR | X\$18= | · |
| Independent • 2 . | Minus ••• Z | • | 0 | ľ | X40= | | OR | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +135= | | OR | +270= | |
| | | | • | L | YOYAL | | OR | YOYAL ADDIT, FEE | |
| 17=1-05 (Cotumn 1) | (Coli | uman 2) ((| Column 3) | | CDIT. FEE | | • | , , , , , , , , , , , , , , , , , , , | |
| COUNS REMARKING AFTER AMENDMENT Total Independent | NU PREV | MEST MBER MOUSLY D POR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total • 5 | Minus •• | 20 | • <i>(</i>) | | X8 9= | | OR | X\$18= | |
| Independent • 3 | Minus ••• | | · Ø | lT | X40= | | OR | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +135= | | OR | +270= | |
| F 1 1 1 | | | | A | YOYAL DOIT, FEE | | OR | ADDIT. FEE | |
| 5-1-06 (Column 1) | | | Column 3) | | | | _ | | · |
| CLAIMS REMAINING AFTER AMENOMENT | NI. PRE | SHEST MABER VIOUSLY ID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Minus | 2,0 | ر() - | | X\$ 9= | | OR | X\$18= | |
| Total · 5 | Minus | | - // | lt | X40= | | OR | X80= | |
| RRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +135= | · | OR | | |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "righest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20." | | | | | TOTAL | | OR | YOTAL ADOIT, FEE | |
| "If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the Highest number found in the appropriate box in column 1. | | | | | | | | | |

 γ fatent application fee determination record

Application or Docket Number